



## Provider Communication

<b>Subject:</b> Phone Number Correction: Emergency Ambulance Service Reimbursement for Q3019 and Q2012	<b>Priority:</b> <b>High</b>
<b>Date:</b> April 21, 2005	<b>Message ID:</b> ACSBNR04212005_1

### *Dear Provider,*

Effective with dates of service April 1, 2005, the Department will begin reimbursing for Q3019 – Emergency non-ALS service (ALS vehicle) and Q3020 – Non-emergency-ALS service (ALS Vehicle) as approved by the Department of Community Health Board. However, The Department will not be able to provide the corresponding rate increase for the existing codes. This delay is necessary due to CMS requirements that the State not incur additional Federal expense prior to CMS approving the reimbursement change and at such time that the Department receives CMS approval. The Department will reprocess claims with dates of service on or after April 1, 2005 at the correct higher rate.

Information regarding the rates for Q3019 and Q3020 can be found in Appendix B of the Policies and Procedures for Emergency Ambulance Services manual, Revised April 1, 2005. The manual can be found on [www.ghp.georgia.gov](http://www.ghp.georgia.gov).

If you have any questions, please contact Edwinlyn Heyward, Director, Hospital Services Unit by calling (404) 657-5464.

Sincerely,

Department of Community Health